NOTICE OF COMPLIANCE/NON-COMPLIANCE

Page / of 2 REC'D

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT Division of Environment Waste Management Program

DEC 17 2002

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Hazardous Waste: Complaint() LDF() TSF() Solid Waste: Complaint() SLF() TRF() ILF()	RESP GENOY KG() SQ() TRA() UOM() UOB() NOT A GEN() CDL() HHW() OBS() UOS() WIT() WTP() WTM() YWC() MED()	
TO: Safety Kleen (W.	(hita) Inc. 6/12+13/02	
2549 N. New York	Wichita KS 67219	
Address City	State Zip Code 4 6 Solid Waste Permit No.	
This inspection was conducted to determine compliance v	with the state and federal solid and hazardous waste statutes and regulations.	
Violations As Follows	☐ No Violations Identified	
KAR 28-31-4(1)(1)(B)	2-Open Satellite Drum not marked 40 gallon Satellite Drum not marked	
KAR 28-31-8 (4) (A) 1264-171 Permit Condition III, C. KAR 28-31-4 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	Vi) No start accumulation date on 2 lab pak	
Permit Condition III. 8.1. KAR 28-31-4(j)(2)	Improper start accumulation date on 2	
	55-gallon sutellite drums in the processing are	<u>:</u> a
Kother comments/concerns: Corrected during the	inspection	.,
Corrected during the	·	.,
Corrected during the	e areas of non- e order issued Your response must be submitted to: Debbe Travs	
This notice is provided to call immediate attention to those compliance. This notice does not constitute a compliance by KDHE and may not be a complete listing of all violation be identified as a result of this inspection. Your facility in writing within 30 days of receipt of the contract of the contr	Your response must be submitted to: Oebbe Travs Kansas Department of Health and Environment Bureau of District Operation Waste Management Programs RECEIVED	
This notice is provided to call immediate attention to those compliance. This notice does not constitute a compliance by KDHE and may not be a complete listing of all violation be identified as a result of this inspection. Your facility in writing within 30 days of receipt of description of all corrective actions taken and/or a completion of necessary corrective actions to be to	Your response must be submitted to: Oebbee Taus Kansas Department of Health and Environment Bureau of District Operation Waste Management Programs schedule for taken. Any Wichita, Kansas 67202-3802 Your response must be submitted to: Oebbee Taus New Your	
This notice is provided to call immediate attention to those compliance. This notice does not constitute a compliance by KDHE and may not be a complete listing of all violation be identified as a result of this inspection. Your facility in writing within	Your response must be submitted to: Debble Travs Kansas Department of Health and Environment Bureau of District Operation Waste Management Programs schedule for taken. Any In subsequent SEP 2 3 2002	NT
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This notice is provided to call immediate attention to those compliance. This notice does not constitute a compliance by KDHE and may not be a complete listing of all violation be identified as a result of this inspection. Your facility in writing within	Your response must be submitted to: Ochie order issued ons which may y must submit this notice a schedule for taken. Any din subsequent Perning Syour (316) Waste Loe at Printed Name: Wour response must be submitted to: Ochie Tay Seph. e Tray Seph.	NT
This notice is provided to call immediate attention to those compliance. This notice does not constitute a compliance by KDHE and may not be a complete listing of all violation be identified as a result of this inspection. Your facility in writing within	Your response must be submitted to: Debble Taus Kansas Department of Health and Environment Bureau of District Operation Waste Management Programs Schedule for taken. Any din subsequent BUREAU OF WASTE MANAGEME I, the undersigned hereby acknowledge that I have received and read this Notice. Printed Printed	NT

NOTICE JF COMPLIANCE/NON-COMPLIANCE

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT Division of Environment Waste Management Program

	Hazardous Waste: Complaint() LDF() TSF(x) GEN(x) K Solid Waste: Complaint() SLF() TRF() ILF() CDL() HHW(G() SQ() TRA() UOM() UOB() NOT A GEN()) OBS() UOS() WTT() WTP() WTM() YWC() MED()
	To: Safety Kleen (Wichita)	
	2549 N. New York W	ichita KS 67219
	KSD007246846	State Zip Code RECEIVED
	EPA Identification No.	
	This inspection was conducted to determine compliance with the state and f	UG1 () 4 2002
	Violations As Follows	BUREAU OF WASTE MANAGEMENT
1	Citation T	Description of Violation
6	40CFR 269,15 Cal At	e to maintain the roofs in buildings
<u></u>	Fernit Condition # 500 145- VI	
		olations on the daily + weekly inspect, 295. (4504) ssing work orders 754 do
		excertive action noted, 35 with no time
		rdidn't use full name) 22dt
f.	ARREST MAY	and the second s
		and the second section is a second se
B	Employee training needs to logs, work orders procedures, labeling	be reviewed concerning inspections satellite containers, and storage drum
	This notice is provided to call immediate attention to those areas of non-compliance. This notice does not constitute a compliance order issued by KDHE and may not be a complete listing of all violations which may be identified as a result of this inspection. Your facility must submit in writing within days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken. Any corrective actions taken by your facility will be considered in subsequent enforcement follow-up.	Your response must be submitted to: Lebbe (QVI) Kansas Department of Health and Environment Bureau of District Operation Waste Management Programs 130 S Market Suite 6050 Wichita, Kansas 67202-3802
	If you have any questions concerning this Notice or wish to discuss your response, you may call me at (316) 337-6020 or Bureau of Waste	I, the undersigned hereby acknow- ledge that I have received and read this Notice.
	Management in the Topeka Office at (913) 296-1604.	Printed
	Management in the Topeka Office at	Printed Name:
	Management in the Topeka Office at (913) 296-1604.	Name: Signature:
	Management in the Topeka Office at (913) 296-1604.	Name:

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TO: Safety-Kleen (Wichita	a) Inc 6/12+13/02
2549 N. New York Wic	Lita KS 67219 State Zip Code
KSD007246846	Solid Waste Permit No.
EPA Identification No. This inspection was conducted to determine compliance with the state and	
Violations As Follows	☐ No Violations Identified
Citation KAR 28-31-4(k) / Fail Permit Condition # 109	Description of Violation ure to provide 61 daily inspect
(1,2,e KAR 28-31-4(q)/40 CFR262, Fails Subpart E / Fermit (and tion, I.G. to a 3/14	ore to file a notice with the Secretary hazardous was foreign source 5 different times /01, 8/2/01, 11/8/01, 1/19/02, + 2/12/0
Other Comments/Concerns:	
This notice is provided to call immediate attention to those areas of non-compliance. This notice does not constitute a compliance order issued by KDHE and may not be a complete listing of all violations which may be identified as a result of this inspection. Your facility must submit in writing within	Your response must be submitted to: Debie Tray; Kansas Department of Health and Environment Bureau of District Operation Waste Management Programs 130 S Market Suite 6050 Wichita, Kansas 67202-3802